

10606759

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Arlington, Virginia 22202

Utility Patent Application Transmittal

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No: 12M-29 US DIV(1)

Date: June 26, 2003

First Inventor: Neil Hutton

Title: Beacon Docking System For Automatically Aligning A  
Passenger Loading Bridge To A Doorway of An Aircraft**Application Elements:**

- |    |  |  |                   |
|----|--|--|-------------------|
| 1. | <input checked="" type="checkbox"/>    | Fee Calculation (see Box 14)   |                   |
| 2. | <input checked="" type="checkbox"/>    | Applicant claims small entity status.  |                   |
| 3. | <input checked="" type="checkbox"/>    | Specification  | Total Pages - 40  |
|    |  | - Description  |                   |
|    |  | - Claims   |                   |
|    |  | - Abstract of the Disclosure   |                   |
| 4. | <input checked="" type="checkbox"/>    | Drawings - (27 Figures)  | Total Sheets - 19 |
| 5. | <input checked="" type="checkbox"/>    | Oath or Declaration  | Total Pages - 2   |
|    | a. <input type="checkbox"/>            | Newly executed (original or copy)  |                   |
|    | b. <input type="checkbox"/>            | Unexecuted   |                   |
|    | c. <input checked="" type="checkbox"/> | Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 12 completed)                |                   |
|    | i. <input type="checkbox"/>            | <u>DELETION OF INVENTOR(S)</u>   |                   |
|    |  | Signed statement attached deleting inventor(s) named in<br>the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |                   |

**Accompanying Application Parts:**

- |     |                                     |  |  |
|-----|-------------------------------------|--|--|
| 6.  | <input type="checkbox"/>            | Assignment Papers (cover sheet & document(s))                                    |  |
| 7.  | <input type="checkbox"/>            | Information Disclosure Statement (IDS)/PTO-1449                                  | Copies of IDS Citations <input type="checkbox"/> |
| 8.  | <input checked="" type="checkbox"/> | Preliminary Amendment  |  |
| 9.  | <input checked="" type="checkbox"/> | Return Receipt Postcard ( <i>Should be specifically itemized</i> )               |  |
| 10. | <input type="checkbox"/>            | Certified Copy of Priority Document(s) ( <i>if foreign priority is claimed</i> ) |  |
| 11. | <input type="checkbox"/>            | Other:   |  |

12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

Continuation       Divisional       Continuation-in-part (CIP)

of prior Application No. 10/139,376 filed May 07, 2002

Prior application information: Examiner: Gary S. Hartmann Group Art Unit: 3671

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5c, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon which a portion has been inadvertently omitted from the submitted application parts.

13. CORRESPONDENCE ADDRESS: 25319

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Agent: Gordon Freedman, Registration No. 41,553

14. FEE CALCULATION:

<input checked="" type="checkbox"/> Applicant Claims Small Entity Status				AMOUNT																
1. BASIC FILING FEE																				
<table border="1"><thead><tr><th colspan="2">Large Entity</th><th colspan="2">Small Entity</th></tr><tr><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th></tr></thead><tbody><tr><td>101</td><td>750.00</td><td>201</td><td>375.00</td></tr></tbody></table>				Large Entity		Small Entity		Fee Code	Fee (\$)	Fee Code	Fee (\$)	101	750.00	201	375.00	\$375.00				
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2. EXTRA CLAIM FEES																				
<table border="1"><thead><tr><th>Total Claims</th><th>9 - 20 =</th><th>Extra Claims</th><th>Fee From Below</th></tr><tr><th>Independent Claims</th><th>1 - 3 =</th><th>0</th><th>x \$9.00 =</th></tr><tr><th>Multiple Dependent</th><th></th><th>0</th><th>x \$42.00 =</th></tr></thead><tbody><tr><td></td><td></td><td></td><td>\$** =</td></tr></tbody></table>				Total Claims	9 - 20 =	Extra Claims	Fee From Below	Independent Claims	1 - 3 =	0	x \$9.00 =	Multiple Dependent		0	x \$42.00 =				\$** =	
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102	84.00	202	42.00																	
3. OTHER																				
<table border="1"><thead><tr><th>Fee Code - 581</th><th>Fee (\$)- 40.00</th><th>Recording Patent Assignment</th><th></th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td></tr></tbody></table>				Fee Code - 581	Fee (\$)- 40.00	Recording Patent Assignment														
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				TOTAL \$375.00																

15.  The Commissioner is hereby authorized to charge all fees in Box 14 above to Deposit Account 50-1142.
16.  The Commissioner is hereby authorized to charge any additional fees required or credit any overpayment to Deposit Account No. 50-1142.

Submitted By

  
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